



City of Avalon Special Event Permit Application

PO Box 707, Avalon, CA 90704
(310) 510-0220

Please fill out and submit the application below to request a special event permit, using additional paper if necessary. Applications require at least 15 days to be processed. (Different guidelines apply to demonstrations and rallies.) If the application is not approved, the applicant will receive notification via mail. This form is not a permit.

Please Note: Applicant is solely responsible for obtaining any necessary clearances and permissions for the use of intellectual property, including but not limited to musical or other performance rights for the event.

Applicant Information:

Event Name:	<input type="text"/>						
Event Sponsoring Organization (if applicable):	<input type="text"/>						
Organization Phone Number:	<input type="text"/>	Organization Fax Number:	<input type="text"/>				
Organization Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Contact Person:	<input type="text"/>						
Contact Phone Number:	<input type="text"/>	Contact Fax Number:	<input type="text"/>				
Mailing Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
E-mail Address:	<input type="text"/>						

Event Information:

Requested Location of Event:	<input type="text"/>	Event Date (mm/dd/yyyy):	<input type="text"/>										
Type of Event :	<input type="text"/>												
Describe in detail the activities planned/ purpose of the event. Attach additional information if necessary.	<input type="text"/>												
Check one:	<input type="checkbox"/> Private Event	<input type="checkbox"/> Private Non-Profit Event	<input type="checkbox"/> Public Event	Is this a benefit/fundraising event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
If yes, list beneficiary:	<input type="text"/>			Organization Tax I.D. #:	<input type="text"/>								
Event Start Time:	<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Set-up time will begin at:	<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Number of people expected to attend the event:	<input type="text"/>
Event End Time:	<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Clean-up will end at:	<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM		<input type="text"/>
Check one:	<input type="checkbox"/> One-Time Event	<input type="checkbox"/> Recurrent Event	Describe recurrence (i.e. Every 4th of July):	<input type="text"/>									

ADDITIONAL LOCATION DETAILS

City Hall Facility: Area to be used: Exterior Courtyard (Occupancy Limit: 80) Council Chamber (Occupancy Limit: 65)
 Main Lobby (Occupancy Limit: 120) Conference Room (Occupancy Limit: 12)

Joe Machado Field Facility: Area to be used: Hardscaped Courtyard Only Field Only Courtyard & Field

Are field lights needed? Yes No Lights On Time: : Lights Off Time: :

Wrigley Stage:

If you wish to reserve the Wrigley Stage on Crescent Avenue, you must obtain a [permit](#) through the Catalina Island Chamber of Commerce. Completing this Special Event Application does *not* reserve Wrigley Stage.

EVENT DETAILS

Parades: Does this event involve a Parade? Yes No **If No, proceed to next section. If YES:**

Approximate number & kind of vehicles which will participate in the parade:

Approximate number & kind of animals which will participate in the parade:

Location of assembly area: Location of dispersal area:

Plans for the assembly and dispersal of the Parade including times thereof:

Will parade occupy all or only a portion of the streets proposed to be traversed?

Describe any fees to be charged to participants or spectators:

Vendors / Concessions: Will there be vendors/concessions? Yes No

If No, proceed to next section. If YES, list types of individual concessions, etc.

If you wish to sell any new items, a local Business License must be obtained from the [City of Avalon Finance Department](#).

Are food & beverages to be prepared on site? Yes No

If YES, describe sanitation measures & procedures:

If you wish to have food vendors, you must obtain all required permits from the [County of Los Angeles Department of Public Health](#).

Will alcoholic beverages be served? Yes No Type of service: Host No Host

If YES, describe service area and security:

If you wish to serve alcoholic beverages, you must obtain a [California Alcoholic Beverage Control Permit](#). Once a permit is obtained, a copy of the permit must be submitted to the City of Avalon for proof of completion.

Structures: Does this event involve structures? (Booths, bleachers, towers, etc.) Yes No

If No, proceed to next section. If YES, list type, size, & locations of booths, bleachers, towers, etc.

Amplification: Do you plan to have amplified sound at the event? Yes No

If No, proceed to next section.

If YES, please describe:

All amplification must meet the ordinances set forth in the City of Avalon Municipal Code. This requires that sound levels be 60 decibels or less as measured 150 feet from its source (Sec. 5-13.07).

Banner: Does this event involve hanging a banner? Yes No If No, proceed to next section. If YES:

All individuals & organizations wishing to hang a banner must obtain a Banner Permit as set forth in the [City of Avalon Municipal Code](#) (Sec. 5-1.01). This may be obtained from the City of Avalon Recreation Department .

Media Coverage:

Does this event involve media coverage? Yes No If No, proceed to next section. If YES, please describe below:

Radio TV Newspaper Magazine Other:

List Media Co. and intent for coverage:

Insurance:

Does your organization carry liability insurance? Yes No If Yes, carrier name:

Please attach a copy of the Certificate of Liability Insurance for this event to the completed application upon submitting. Any special events permit issued as a result of submitting this application shall require the permit holder to obtain, furnish proof of, and maintain a policy of insurance. Such policy must fulfill the requirements as set forth in the [City of Avalon Municipal Code](#) (Sec. 1-6.01).

The City of Avalon, their officers, employees and agents **must be listed on the policy as additional insured.**

Please see the attached sample of a Certificate of Insurance required for liability limits.

Temporary Encroachment:

Completing this section acts as an application for a Temporary Encroachment Permit, which may be required as set forth in the [City of Avalon Municipal Code](#) (Sec. 4-9.01) if the the applicant plans to encroach, obstruct, or cause any encroachment to be placed upon, in, under or over any public street, alley, sidewalk, parkway, or other public property.

Is the term of the encroachment request the same as the Special Event Permit Request (Set-Up Time through Clean-Up Time)?

Yes No If no, what is the encroachment term requested?

Nature of Encroachment:

If approved, this permit only entitles applicant to construct the encroachment structure described in this application on City-owned property. It does not give applicant exclusive use of City-owned property or the right to exclude others from City-owned property.

Applicant shall construct and maintain all encroachment structures in accordance with the plans and specifications submitted to the City with this application, and shall maintain and keep all encroachments in clean and safe condition for the term of the permit.

Encroachment structures shall be removed by the expiration of the permit term. If applicant fails to timely remove the encroachment or fails to comply with the terms of the encroachment permit, the City may remove or cause the removal of the encroachment and applicant shall be liable for all costs incurred by the City for such action, as set forth in the [City of Avalon Municipal Code](#) (Sec. 4-9.110).

Licenses, Permits, & Entitlements:

Have you obtained all other licenses, permits and entitlements required by local, state and federal law for the proposed event? Yes No

For events that also occur on Non-City Property: Do you have all other land-owners' approval and/or permits? Yes No

(i.e. Santa Catalina Island Company, Catalina Island Conservancy, etc.)

If YES, attach all permits or letters of approval to this application at time of submittal.

Required Support Services

Indicate with brief description any required services needed:

County Services (Sheriff, Crowd Control, Lifeguard, etc.):

Fire Control (Fireworks, Special Effects, Street Closure, etc.):

Public Works (Maintenance, Water/Power, Clean-Up, etc.):

Recreation Department (Personnel, Equipment, etc.):

Harbor Department (Waterside Events, dock coordination, etc.):

Rescheduling Policy & Facility Use Guidelines

The City reserves the right to cancel a permitted event where reasonably necessary to protect persons or property. By way of example only, the City may cancel an event if weather has rendered the facilities unusable or subject to extraordinary wear and tear if used. The City will give as much notice of cancellation as possible. In the event cancellation of the event is necessary, the City will refund all fees and deposits and will give the applicant priority in rescheduling. The City will work with applicants to reschedule an event cancelled due to weather and rain-outs, without penalty.

All persons using City of Avalon facilities agree to use them in a safe manner and to wear appropriate protective gear as required per sport to help refrain from injuring themselves and/or others in the course of play.

If the facility is open for public use, each participant agrees to read and follow posted guidelines and rules, including but not limited to: No Alcohol, No Fighting, No Gum Chewing, No Spitting, Compliance with Safety Gear Requirements, and use of the grounds strictly for that facility's appropriate sport or other approved event as described in Permit Application.

Each event contact / Sponsor is responsible for leaving the grounds in the condition they were found, including trash pick-up. This refers to damage to any aspect of the City facilities, including but not limited to, the fields, equipment, toilet, and concessionaire facilities, parking areas, and all other City owned facilities used by participants and guest attending the permitted event.

The City reserves the right to require an advance deposit against damage to the facilities. The City may require you to attend a walk-through of the facility prior to the permitted event to determine whether an advance deposit will be required and the amount thereof. The City's decision regarding the necessity and amount of an advanced deposit will be final, and compliance is a condition of the permit. Damage to any part of the facility must be reported immediately, and payment for repair costs must be arranged before your departure. A refundable cleaning deposit is required for all events.

Agreement & Indemnification to Utilize City of Avalon Property for a Special Event

Any special events permit issued as a result of submitting this application shall require the permit holder to defend, indemnify and hold harmless the City and its officers, employees, attorneys and agents from any and all claims, causes of action, penalties, damages, expenses (including reasonable attorneys' fees), loss or liability, of any kind or nature whatsoever, arising out of or resulting from the event or activity except as caused solely by the negligence, gross negligence or willful misconduct of the City.

Additionally, any permit issued as a result of submitting this application shall require the permit holder to defend, protect, indemnify and hold harmless the City and its officers, employees and agents from any and all claims, causes of action, penalties, damages, expenses (including reasonable attorneys' fees), loss or liability, of any kind or nature whatsoever, arising out of or resulting from the City's issuance of or refusal to issue a permit.

If any City property is destroyed or damaged by reason of the permittee's use, event or activity, the permittee shall reimburse the City for the actual replacement or repair cost of the destroyed property.

As authorized signatory for _____, I/We have read, understand and agree to meet all requirements and all applicable sections as outlined in the City of Avalon's Special Event Permit Application and Agreement & Indemnification to Utilize City of Avalon Property for a Special Event.

I/We also agree, if approved, to comply with all permit conditions, and understand that failure to comply with any conditions, or to make any violations of law, may result in the immediate cancellation of the event, denial of future events, forfeiture of deposits and fees and/or criminal prosecution.

I have read the above Rescheduling Policy and Facility Use Guidelines section and agree to follow the provisions as stated. I also agree to comply with the Amplification, Insurance, and Temporary Encroachment Permit guidelines as set forth in this Special Event Permit Application and in the City of Avalon Municipal Code.

Date:

Print Name:

Signature:

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/20/10

PRODUCER
Palmer & Clay of Georgia, Inc.
Girl Scouts Accounts
P.O. Box 647
Savannah, GA 31402

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Tres Condados, GS of the
Attn Executive Director
PO Box 30187
Santa Barbara, CA 93130-0187

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: St. Paul Fire & Marine Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CK06805011	01/01/11	01/01/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EAACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

As respects use of premises for Girl Scout Activities.

CERTIFICATE HOLDER

City of Avalon
Its Officers, Employees and Agents
PO Box 707
Avalon, CA 90704

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE